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Abstract

Introduction: Research suggests that moral injury (MI) in US veterans is associated with poor psychological outcomes and disruption in functioning. However, little is known about how MI may impact UK Armed Forces (AF) veterans. This study aimed to explore the impact of MI on veteran psychological wellbeing and functioning.

Methods: Six veterans identified as having had exposure to MI and four clinicians who treated veterans with MI were recruited from a UK charitable organisation which provides psychological care for veterans. Data were analysed using thematic analysis.

Results: MI was perceived to cause substantial psychological distress in this sample. Our data suggests that some veterans held extremely negative self-appraisals which appeared to contribute towards and maintain their distress. Issues relating to spirituality following MI were thought to be infrequent, however a loss of faith was perceived by clinicians to be more common in morally injured veterans than heightened spiritual/religious views. Several difficulties relating to employment were described, including increased trouble coping with occupational stress and authority figures. Interpersonal difficulties were frequently reported, with withdrawal from others often leading to relationship breakdown with spouses and children.

Conclusion: This study provides some of the first evidence of the impact of MI on UK AF veterans' psychological, spiritual, social and day-to-day functioning all of which would pose challenges to clinicians aiming to manage such difficulties. These findings highlight several gaps in existing care provision for morally injured veterans, including addressing issues related to spirituality, employment and family functioning, which could ultimately improve veteran wellbeing.

Keywords: moral injury, veteran, military, clinician, psychological treatment

Key messages:

- These findings contribute towards clinical practice by illustrating the impact of moral injury on UK military veterans' psychological, spiritual, social and day-to-day functioning.
- Our results delineate some of the challenges faced by clinicians in providing support to morally injured veterans, as well as the areas specifically targeted during treatment.
- This research highlights the potential gaps in existing treatments for morally injured veterans, including addressing issues related to spirituality, employment and family functioning, that could ultimately improve veteran wellbeing and facilitate psychological recovery.

Introduction

Making ethical or morally challenging decisions is commonplace within many occupations, including police, journalism and military services. While the majority of individuals are likely to act professionally, in line with occupational codes of conduct, profound psychological distress can be experienced when individuals perpetrate, witness or fail to prevent actions which transgress strongly held ethical or moral beliefs [1]. This distress, termed ‘moral injury,’ has been found to be associated with a range of adverse mental health outcomes including post-traumatic stress disorder (PTSD), depression, suicidality and substance abuse [1–4]

Examples of potentially morally injurious military-related events include engaging in/witnessing excessive violence or mistreatment of enemy combatants; perpetrating/witnessing harming of civilians; and perceived betrayal by colleagues [5]. Many existing studies, largely in US (ex-)military samples, have been quantitative in nature; for example, statistically examining the relationship between killing during deployment and likely PTSD [3,6]. By definition, personnel and veterans with PTSD and other mental health difficulties experience significant and chronic functional impairment which can adversely impact many areas of their lives, including their performance at work and how they respond to and care for others. As the effects of military-related moral injury on psychological and social functioning are highly personal and subjective, the use of qualitative methods may be particularly useful in investigating this phenomenon.

Presently, there is a lack of research exploring moral injury, and its impact on daily functioning, in UK Armed Forces (AF) veterans. A deeper understanding of experiences of moral injury in UK AF veterans may inform clinical practice and ensure that appropriate support and guidance is available to moral injury exposed UK veterans and their families in future. To address this gap, we conducted a pilot study utilising in-depth qualitative

interviews with both veterans and clinicians who provide psychological treatment to UK AF service personnel and veterans. This research aimed to explore veteran experiences of moral injury, the impact of moral injury on their psychological wellbeing, and implications for social functioning.

Methods

This research was carried out at Combat Stress (CS), a national charity which provides psychological interventions for UK AF veterans. Ethical approval from Combat Stress Research Committee was obtained. All participants provided informed consent for their participation.

Participants

Ten participants in total were recruited for the study. Six veterans were recruited following CS attendance between January and February 2018. Veteran participants were eligible to participate if they received mental health support over the last six months, had been identified by the clinical care team following psychological assessment as having experienced moral injury and were aged 18 years or above. The following exclusion criteria were applied: inability to speak English, current suicidal ideation, self-harm or dependant alcohol misuse. To be recruited for the study, we initially attempted to make telephone contact with participants and three attempts were made to elicit a response. We approached 11 eligible veterans and six opted to participate. The remaining five who were not recruited were not contactable.

In addition, four clinicians were recruited. This was done by sending study information via email to all members of the CS clinical care team responsible for providing trauma-therapy. Criteria for inclusion were having provided trauma-therapy to one or more veterans over the previous six months that the clinician believes has experienced a moral injury and currently being employed by CS. The inclusion of clinicians

Qualitative interview schedule

All study interviews were conducted by telephone and lasted an average of 35 minutes. Interviews were conducted by a researcher who had training and experience in qualitative methods. The researcher was not known to participants prior to study initiation. The interview schedule was developed based on the research questions in collaboration with colleagues as part of an international consortium which aims to design and validate a measure of military moral injury [7]. The veteran interview questions focused on veteran's experiences of moral injury, the effect of moral injury on their wellbeing and daily functioning, and their beliefs about the impact of moral injury on their relationships with others. Clinician interview questions explored their perceptions of moral injury experienced by UK AF veterans, the impact of moral injury on patient wellbeing, and the experiences and challenges faced in providing treatment to patients with moral injury. With participant consent, interviews were audio-recorded and transcribed verbatim. Following the interview, basic demographic information was collected from each participant.

Analysis

Data were analysed using thematic analysis, with NVivo V.10 (http://www.qsrinternational.com/products_nvivo.aspx) used to facilitate the analysis process. The steps for thematic analysis outlined by Braun & Clarke [8] were followed, utilising an inductive approach. All relevant data were coded. To ensure reliability, transcripts, codes and themes were reviewed by authors XX and XX [blinded for review], with any disagreements between authors resolved following re-examination of the data and discussion [8]. We conducted peer debriefing and feedback regarding data interpretation was sought from co-author XX [blinded for review]. The data collected from veterans and clinicians were independently analysed. The themes found across veteran and clinician data sets are presented below to most comprehensively address our aim to explore veteran

experiences of moral injury and the impact of moral injury on wellbeing and functioning. This presentation of themes found across the data set as a whole was considered the best approach to meaningfully add to the credibility and trustworthiness of the findings [9,10].

Results

Veterans had a mean age of 48.6 years (range= 26-59 years) and had been deployed an average of 4 times (range= 1-9 times) to Northern Ireland, Gulf, Afghanistan, Iraq, Bosnia, Kosovo, Sierra Leone, or the Falklands. All participating veterans were male and had served in the British Army (range=5-24 years of service). The majority of clinician participants were male (75.0%) and had worked in clinical practice for 16 years (range=4-29 years) on average. One clinician participant was a military veteran.

Qualitative findings

Four key themes were identified as central to veterans' experiences of moral injury and perceptions of the impact of moral injury on their wellbeing and social functioning. Themes and sub-themes are listed in Table 1. Excerpts are used to illustrate the findings (Table 1) with pseudonyms assigned to all participants to ensure confidentiality.

Insert Table 1 around here

Moral injury-related distress

Experiences of moral injury reportedly caused veterans considerable distress. Morally injured veterans reported experiencing a variety of symptoms, including low mood, suicidal thoughts, reliving symptoms and anger. Veterans often ruminated about the event and whether they could have done something differently, which contributed to high levels of guilt, self-loathing, self-blame or shame. In many cases, both veterans and clinicians

considered that veterans' appraisals of themselves or others had changed dramatically as a result of the morally injurious event, and many no longer saw the world as a just place. Such profound changes in appraisals were a key indicator for clinicians that moral injury may have occurred, and the changes were thought to contribute to and maintain veteran distress.

Moral injury negatively alters self-identity and self-worth. Both clinicians and veterans believed that moral injury had a significant impact on veteran identity and their sense of self. Identity change following moral injury was often extremely negative, with veterans seeing themselves as a bad or worthless and undeserving of compassion or forgiveness. Changes in identity were thought to occur to varying degrees, from less severe (e.g. 'something' in the veteran had changed) to more profound changes (e.g. the veteran is 'a shell' of their former self). Clinicians considered such negative changes to identity as a key maintaining factor to veteran mental health problems and a focus for treatment. Meanwhile, many veterans continued to consider these changes as permanent, although following treatment they felt better able to manage the distress they caused.

The effect of moral injury on spirituality. The impact of moral injury on veterans' spirituality or faith was found to vary. Some veterans felt that as they had few pre-event religious beliefs, their faith was not impacted by their morally injurious experience. Similarly, moral injury and its potential effect on patient spirituality was not an issue faced by many clinicians and this was thought to be because spirituality or organised religion was not as prominent in a UK context. However, those veterans who were spiritual or religious prior to the morally injurious event reportedly experienced a loss of faith, with many angry at or questioning God for allowing the event to occur. Clinicians described that a loss of faith in those who were spiritual pre-event was more common than for a veteran who was not religious pre-event to subsequently develop religious beliefs.

Moral injury and daily functioning

The impact of moral injury on self-care. Poor self-care was also found to be associated with moral injury-related negative appraisals of identity and self-worth. Both veterans and clinicians described that morally injured veterans neglected their health, engaged in risky behaviours (e.g. risky sexual behaviour, driving over the speed limit, drinking excessively, etc.), had an unhealthy diet, and poor hygiene. Veterans and clinicians perceived that poor self-care either reflected depressive symptoms such as a lack of energy and motivation to care for themselves, or this pattern stemmed from a sense of worthlessness in that they did not deserve care. Poor self-care was reportedly challenging for clinicians to treat, and many veterans described ongoing difficulties with self-care post treatment.

Effect of moral injury on employment. Experiences of moral injury were found to impact veterans' employment. In some cases, on leaving the AF, veterans became extremely engaged with their new employment, setting very high standards for themselves and becoming 'workaholics', which was thought by clinicians to be a coping strategy as a form of distraction. Conversely, another pattern reported by clinicians and the majority of participating veterans was that working following moral injury could be challenging. Some occupational environments had features which could trigger veteran symptoms (e.g. children playing, loud noises), and many veterans reported difficulties coping with any occupation-related stress. Following moral injury, a number of veterans were described as having trouble engaging with authority figures, with many distrustful of or aggressive towards authority figures, which could cause tensions in the workplace and result in dismissal.

Effect of moral injury on veterans' families. Morally injured veterans often reported experiencing interpersonal difficulties. Veterans and clinicians described that moral injured, veterans often withdrew from their family members and friends. Reasons for this included emotional numbness; the veteran believing themselves to be a bad person and concerns that others will also come to perceive them this way; or feeling unworthy of others' time or

affection. Many veterans felt unable to cope with household duties, such as grocery shopping and child care, which meant their spouse was often responsible for the majority of such tasks. This, coupled with the veterans' withdrawal, reportedly put considerable strain on spouses and could lead to a breakdown of the relationship. Veterans also described having difficulties in their relationships with their children due to substance abuse or anger problems following moral injury. Moreover, veteran concerns that they would 'transmit' psychological problems to their children were also expressed, with veterans interpreting increased child anxiety or distress as a result of exposure to their moral injury-related symptoms.

Discussion

Potentially morally injurious experiences have been found to be significantly statistically associated with mental health difficulties in service personnel and veterans, including PTSD, depression and suicidal ideation [4,6,11]. Yet how moral injury and its associated psychopathology can impact on the lives and daily functioning of UK AF veterans is understudied. In this exploratory pilot study, we identified four themes relating to veteran and clinician views of the effects of moral injury on psychological wellbeing, including the potentially adverse impact on one's identity and spirituality. Several implications for moral injury-related distress on social functioning, employment and relationships with loved ones were also described.

Following morally injurious experiences, many veterans experienced profound and ongoing distress. In most cases, veteran appraisals of themselves or others had changed dramatically, with the world no longer seen to be a just or fair place. Particularly notable was the extremely negative cognitions that veterans held about themselves, such as they were a worthless person. Consistent with existing theories of moral injury [1,2], the negative changes in veteran appraisals were considered by clinicians in this study to be indicative that moral injury may have occurred. Clinicians also thought such maladaptive appraisals

contributed towards and maintained veteran distress. This is consistent with promising randomised controlled trials for addressing moral injury-related distress (e.g. [12], where identifying maladaptive cognitions and reaching a resolution of such thoughts during the course of treatment is considered central to positive treatment outcomes.

Breaches of morality and ethical codes may have intrinsic religious or spiritual connotations; yet spiritual concerns, such as a loss of faith, following morally injurious experiences are often not addressed in standard PTSD treatment approaches (e.g. prolonged exposure; EMDR). Our results suggest that, while spirituality was not considered a very prominent issue in a UK AF context, when concerns relating to spirituality were raised, veterans were largely described as having experienced a loss of faith following exposure to morally injurious events. This is in keeping with recent research in US combat veterans, where continued spiritual and existential concerns were felt for several years following killing during military service [13,14]. Additional large-scale studies of the impact of moral injury on spirituality in UK AF veterans are needed; however, as spiritual functioning is associated with PTSD severity and suicidality in US military veterans [15], our findings suggest that it may be worthwhile for clinicians to discuss and address the potential impact of moral injury on spirituality during the course of treatment. This finding may also suggest a potentially important role for chaplains as part of a care delivery team [16].

Another key finding of the present study was the impact of moral injury on veterans' daily functioning. Linked to their extremely negative self-appraisals, veterans often exhibited poor self-care, with many having poor hygiene, unhealthy diets and high levels of risk-taking behaviour. This is consistent with existing models of moral injury, where self-harming behaviours, including severe recklessness and poor self-care, are thought to be common [1]. Psychological difficulties following experiences of moral injury were also found to impact workplace performance, with veterans either excessively engaged at work as a coping

strategy to distract from their distress or being unemployed due to difficulties coping with occupation-related stress and authority figures. Such occupational difficulties are not uncommon for individuals experiencing a variety of mental health difficulties (e.g. PTSD, [17], but, to our knowledge, this is one of the first studies to delineate a relationship between distress following moral injury and difficulties in employment. This finding has potentially important implications as being in employment is ordinarily supportive of an individual's mental health and occupational difficulties may well act as a maintaining factor for morally injured veterans with mental health problems [18].

Many veterans reported experiencing considerable interpersonal difficulties after exposure to morally injurious events. Withdrawal from friends and family members could put significant strain on relationships, leading to the breakdown of marriage and difficulties bonding with children in some cases. This may have potentially wide-reaching adverse effects, as veteran mental health difficulties are associated with poorer psychological outcomes for both their spouses and children (e.g. [19]. Furthermore, morally injured veterans also expressed concerns regarding the 'transmission' of psychological problems to their children, which is broadly consistent with existing literature that veteran fathers' PTSD symptoms can be a risk for increased emotional and behaviour problems in children [20]. Promising interventions for psychological difficulties following military moral injury, such as adaptive disclosure which promotes self-forgiveness and compassion [21], may be well placed to address veteran poor self-care but may not adequately manage issues relating to employment and family functioning. Securing employment and establishing financial stability is a key part of a successful transition from the military, and a useful adjunct to emerging treatments for morally injured veterans may be to address issues surrounding barriers to employment (i.e. coping strategies to facilitate engagement with authority figures, skills to manage workplace triggers). Additional research is needed to explore how to best

support the families of UK AF veterans experiencing moral injury-related mental health problems. It is possible that providing targeted advice and support, such as engaging the family in treatment and providing psychoeducation, may improve veteran and familial coping.

This study has several limitations. First, we studied both veterans with moral injury and clinicians who had provided treatment to veterans with moral injury, but given the limited diversity of the sample, our findings may not be generalisable to UK AF veterans outside of a care delivery setting without further investigation. Second, veterans recruited to this study had successfully accessed treatment and the views of veterans who had not received psychological interventions were not included. Finally, the majority of the veterans recruited had received a diagnosis of PTSD. This causes some challenges in differentiating the impact of moral injury from the impact of PTSD symptoms, especially in light of the recent ICD-11 Complex PTSD framework where many parallels between the two exist (e.g. emotional dysregulation, interpersonal difficulties, changes in identity, etc.).

Despite these limitations, our results contribute to the literature in several ways. First, this study expands on the limited research into the impact of moral injury on veterans, detailing how their psychological, spiritual, social and day-to-day functioning can be adversely affected by their experience. Second, the findings of this exploratory pilot study illustrate some of the experiences and challenges faced by clinicians in providing support to veterans who have been exposed to moral injury, as well as the areas specifically targeted during treatment. Finally, this research highlights the potential gaps in existing treatments for morally injured veterans, including addressing issues related to spirituality, employment and family functioning, that could ultimately improve veteran wellbeing and facilitate psychological recovery.

- a. **Contributorship:** VW, DM and NG designed the study, analysed data and drafted the manuscript. All authors reviewed and approved the manuscript.
- b. **Funding:** This research received no specific funding.
- c. **Competing interests:** DM and VW have no conflicts of interest to declare. NG is the Royal College of Psychiatrists Lead for Military and Veterans' Health but was free to provide his independent views on this research.
- d. **Study approval:** – This study received ethical approval from Combat Stress Research Committee

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Table 1

Themes and sub-themes following thematic analysis

Themes and sub-themes	Anonymised excerpt
Moral injury related distress	Veteran 005: There's loads of times, even now, where I think 'oh there's no purpose here. If I die tomorrow, it'll probably be a good thing'...I just don't get that much joy or pleasure out of life... I almost feel dead inside, as if I shouldn't be here, as if something should have happened, as if I should have maybe died. And maybe that's...because we lost a lot of men that night, so I feel unworthy to be here.
Changes in appraisals	Clinician 003: I tend to find the people with moral injuries have an intrusion or for some, a flashback, but then what then becomes the problem is that they ruminate about that afterwards for quite a long time. So, it's less about the kind of initial re-experiencing and it's more about the aftermath that seems to cause the problems... there's a lot of rumination about what they could have done, or should have done to stop what was going, or prevent certain events.
Moral injury negatively alters self-identity and self-worth.	
Perceptions of worthlessness	Veteran 004: I've got a negative opinion of myself because I feel a little bit worthless and I have self-pity. Mentally [what happened has] made me quite a fragile person...inside I'll feel very, very insecure. I'm very low, [but] I'm not as low as I have been in the past - I know that.
Treating moral injury -related changes to identity	Clinician 001: They see themselves as a shell of their former selves, so they're very damaged and they have no compassion for themselves, they can't forgive themselves. So, they see themselves as bad and worthless. And this would be a big maintaining factor for any mental illness they might suffer. So, it needs to be dealt with properly in therapy.
The effect of moral injury on spirituality	Clinician 003: People who were previously religious or spiritual might start questioning 'is there a God, why would he let innocent civilians die?' But then sometimes, it can even go the other way for people who weren't spiritual before, suddenly trying to find an answer for those questions, for that sense of purpose, of trying to make sense of what happened. But I think that's less common, I think it's more the loss of faith.
No pre- moral injury spirituality	Interviewer: What about what about [your] religious beliefs?
Spirituality uncommon in clinical settings	Veteran 001: I never really had any religious beliefs to be honest with you. Clinician 004: I think religious beliefs doesn't crop up that often... religious beliefs and faith don't really crop up that often here or in this [clinical] environment certainly.
Moral injury-related loss of faith	Veteran 002: I've got no faith in religion, I mean, every conflict I was in, and I was in conflicts in Northern Ireland seven times, that was Catholics and Protestants throwing bricks and bottles at each other. Kosovo, that was about religion, Iraq, that was about religion, Afghanistan, was about religion...My father was a religious man, my auntie's religious, I used to go to Sunday school. So, I was a strong believer but after what you've seen, you know, your life experiences, most of those conflicts weren't about money, they weren't about greed, they were about religion and what colour your skin was.
Moral injury and daily functioning	

<p>The impact of moral injury on self-care Poor self-care and mental health symptoms</p>	<p>Interviewer: And do you think it has changed the way that you care for yourself? Veteran 001: Yeah, I'd [say] it has actually. With the fact that my confidence has gone, I don't really try in my appearance and I don't look after myself hygiene-wise as much as I would before. Kinda like, that lazy feeling where you just can't be bothered.</p>
<p>Addressing self-care in treatment</p>	<p>Clinician 003: There's lots of self-neglect. I remember working with one veteran and he kind of started to shift in the idea that beating himself up forever wasn't going to help him or his family and trying to come to some acceptance. And he found a way of feeling and thinking better but when it came to putting it into action, he still found it hard to see himself as a worthy person. He had these holes in his shoes coming into the session and he hadn't bought himself a new pair of shoes in years and he was set that as a homework exercise and he said he got to the shops and felt that he wasn't worthy of these for example owning a new pair of shoes or a new coat. So, it was still hard for him to take action and treat himself as a person who was worthy.</p>
<p>Effect of moral injury on employment</p>	
<p>'Workaholics'</p>	<p>Clinician 002: There's a pattern of either being a workaholic, so they isolate themselves and set impossibly high standards and work very, very hard, or they have disciplinary issues at work and they get into arguments and fights often with authority figures because they often feel that the authority figures don't understand the right way to do things. Then they end up not working or going through several jobs. More commonly I'd say that people just become workaholics.</p>
<p>Difficulties working following moral injury</p>	<p>Veteran 002: At work, I'd like to get it out. One time someone said something about Kosovo and they deserved what they got, and I jumped over a desk and nearly killed them. I had him at the throat...So, I had to leave.</p>
<p>Effect of moral injury on veterans' families Withdrawal from others</p>	<p>Clinician 003: I think the level of shame that many veterans have felt about what they did or what they didn't do means that they withdraw from loved ones and people around them...because of this belief that they are tainted, they're no good and they're unlovable as a result of what they've done. They think that if they let somebody in too close, they're going to see this horrific side of them.</p>
<p>Added burden on spouse</p>	<p>Clinician 002: There's often a lot of tension around things like home management, so cleaning the house, doing the shopping, looking after children which seems to fall more on the partner than the veteran and seems to cause a lot of friction in relationships and from both sides.</p>
<p>Concerns of 'transmitting' symptoms to their child</p>	<p>Veteran 005: I've started to say now 'don't trust anybody because one day you'll be bitten by it,' and [my children are] starting to pick up on these values and... I can see my daughter gets very anxious now too and I just wonder have I passed that onto her?...I don't know if medical science, maybe in 50 years' time, they'll be able to go 'yeah you have because you did all that.' That frightens me, I don't want her to be like that.</p>